

RECEIVED OCT 26 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33159
Do not use this space.

1. PLACE OF DEATH

(a) County St. Charles Mo Registration District No. 757
(b) Township St. Charles Primary Registration District No. 3036 Registered No. 140
(c) City St. Charles (d) Street No. 631 N. Benton Ave. St. Mo.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Louis Schaal 407
St. Charles Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29th 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Knatz

22. I HEREBY CERTIFY, That I attended deceased from 9/12, 1937, to 9/24, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9th 1859

I last saw him alive on 9/24, 1938 Death is said to have occurred on the date stated above, at 3:35 A.M.

7. AGE YEARS 79 MONTHS 2 DAYS 15 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. Day Laborer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Es. Hypertension & Coronary generalized arteriosclerosis
Stenosis Aortae
Date of onset ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Peters Mo

Other contributory causes of importance:
Exposure (cancer) 9/19-21
Travel fresh air 9/20-28

13. NAME Fred Schaal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Amanda Clarke
St. Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. John's Cemetery DATE Sept 27 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. C. Hallmeyer
St. Charles Mo

20. FILED 9/26 1938 Clarence H. Neel
Local Registrar.

Name of operation No Date of 25
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home or in public place.

Manner of injury _____
Nature of injury _____

Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) R. S. ..., M. D.
St. Charles Mo (Address) 677

CROSS OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed

John E. Dalmer

Licensed Embalmer No. *9957*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.